Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS2834HIC	A. BUILDING _____ B. WING _____	C 01/03/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AND YOUR HOME TOO 2	1590 1/2 PALOMINO DR HENDERSON, NV 89015

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 000	Initial Comments This Statement of Deficiencies was generated as a result of a State Licensure Complaint Investigation survey conducted in your facility on 1/3/11. This State Licensure survey was conducted by authority of NAC 449, Homes for Individual Residential Care, adopted by the State Board of Health on November 29, 1999. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. The census at the time of the survey was three. Complaint #NV00027307 was substantiated. See Tag H999. Additional regulatory deficiencies were identified and cited. See Tag H011, H019, H040, H042, H043, H044, H050, H055, H060 and H065. The following regulatory deficiencies were identified:	H 000	3/28/11 APOC SB	
H 011	Director Duties-Needs Assessment NAC 449.15523 Director: Duties. (NRS 449.249) The director of a home shall: 2. Ensure that the needs of each resident of the home are assessed upon admission of the resident to the home, and that the assessment is updated as the needs of the resident change. This Regulation is not met as evidenced by: Based on record review on 1/3/11, the needs of 2	H 011		

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H 011	Continued From page 1 of 3 residents were not assessed upon admission to the home (Resident #2 and #3).	H 011 ✓ 2/14/11 KB	1. Office help trimmed pt file putting assessments in another file; Train 2. Adm. to ✓ files every 30days. 3. 1-27-11	
H 019	Director Duties-No FA/CPR NAC 449.15523 Director: Duties. (NRS 449.249) The director of a home shall: 4. Ensure that a caregiver, who is capable of meeting the needs of the residents and has been trained in first aid, and cardiopulmonary resuscitation, is on the premises of the home at all times when a resident is present. This Regulation is not met as evidenced by: Based on staff interview on 1/3/11, the director did not ensure that a caregiver trained in cardiopulmonary resuscitation (CPR) and first aid was on the premises of the facility at all times when a resident was present (Employee #2 failed to have a personnel file or evidence of first aid and CPR training).	H 019 ✓ KB 2/14/11	1. Employee#2's file was not found the day of survey - But is now @ the home. 2. Adm. move res. & emp's. files along, on day of move. 3. 1-27-11	
H 040	Agreement Concerning Rates NAC 449.15527 Agreement between operator of home and resident concerning rates; maintenance of records of residents. (NRS 449.249) The operator of a home shall: 1. Enter into a written agreement with each resident of the home that sets forth the basic rate for the services of the home and the charges for any optional services.	H 040	1. Contracts for both res. 2+3 were both in their files when given to surveyer. 2. Help surv. find? 3. 1-27-11	

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H 040	Continued From page 2 This Regulation is not met as evidenced by: Based on record review on 1/3/11, the facility did not have a rate agreement that set forth the basic rate for the services of the home and the charges for any optional services for 2 of 3 residents (Resident #2 and #3).	H 040		
H 042	Records of Residents-Name,address,DOB,SSN NAC 449.15527 Agreement between operator of home and resident concerning rates; maintenance of records of residents. (NRS 449.249) The operator of a home shall: 2. Maintain a separate, organized file for each resident of the home and retain the file for 5 years after the resident permanently leaves the home. Each file must include: (a) The full name, address, date of birth and social security number of the resident.	H 042	(1) Addmition Sheet has all this infor. & was in files when given to Surveyer (2) Help Serv. find? (3) 1-27-11	
	This Regulation is not met as evidenced by: Based on record review on 1/3/11, 2 of 3 resident files did not contain the full name, address, date of birth and social security number of the resident (Resident #2 and #3).			
H 043	Records of Residents-Address Family&Physician NAC 449.15527 Agreement between operator of home and resident concerning rates; maintenance of records of residents. (NRS 449.249) The operator of a home shall: 2. Maintain a separate, organized file for each resident of the home and retain the file for 5	H 043	(1) Addmition sheet has this information. (2) Help Serv. find? (3) 1-27-11	

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H 040	Continued From page 2 This Regulation is not met as evidenced by: Based on record review on 1/3/11, the facility did not have a rate agreement that set forth the basic rate for the services of the home and the charges for any optional services for 2 of 3 residents (Resident #2 and #3).	H 040	1. The administrator will monitor files by a ✓ list. every 30 days to asure files are available during survey. 3/28/11	
H 042	Records of Residents-Name,address,DOB,SSN NAC 449.15527 Agreement between operator of home and resident concerning rates; maintenance of records of residents. (NRS 449.249) The operator of a home shall: 2. Maintain a separate, organized file for each resident of the home and retain the file for 5 years after the resident permanently leaves the home. Each file must include: (a) The full name, address, date of birth and social security number of the resident. This Regulation is not met as evidenced by: Based on record review on 1/3/11, 2 of 3 resident files did not contain the full name, address, date of birth and social security number of the resident (Resident #2 and #3).	H 042	1. The adm. will monitor files by a ✓ list every 30days to asure files are available during survey. 3/28/11	
H 043	Records of Residents-Address Family&Physician NAC 449.15527 Agreement between operator of home and resident concerning rates; maintenance of records of residents. (NRS 449.249) The operator of a home shall: 2. Maintain a separate, organized file for each resident of the home and retain the file for 5	H 043	1. The adm. will monitor files by a ✓ list every 30days to asure files are available during survey 3/28/11	

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H 043	Continued From page 3 years after the resident permanently leaves the home. Each file must include: (b) The address and telephone number of the resident's physician and a person who is responsible for the resident. This Regulation is not met as evidenced by: Based on record review on 1/3/11, 2 of 3 resident files did not contain the address and telephone number of the resident ' s physician and a person who is responsible for the resident (Resident #2 and #3).	H 043		
H 044	Records of Residents-Copy of physical NAC 449.15527 Agreement between operator of home and resident concerning rates; maintenance of records of residents. (NRS 449.249) The operator of a home shall: 2. Maintain a separate, organized file for each resident of the home and retain the file for 5 years after the resident permanently leaves the home. Each file must include: (c) A copy of the results of a general physical examination of the resident conducted by his physician; and This Regulation is not met as evidenced by: Based on record review on 1/3/11, the facility did not obtain a copy of a general physical examination conducted by a physician on 2 of 3 residents (Resident #2 and #3).	H 044	9/14/11 (1) Office worker trained resd. file. Taking phy. out of main file. Train (2) Adm. ✓ files every 30 days. (3) 1-27-11	

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H 050	Tuberculosis-Employees NAC 441A.375 Medical facilities, facilities for the dependent and homes for individual residential care: Management of cases and suspected cases; surveillance and testing of employees; counseling and preventive treatment. 1. A case having tuberculosis or suspected case considered to have tuberculosis in a medical facility or a facility for the dependent must be managed in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 2. A medical facility, a facility for the dependent or a home for individual residential care shall maintain surveillance of employees of the facility or home for tuberculosis and tuberculosis infection. The surveillance of employees must be conducted in accordance with the recommendations of the Centers for Disease Control and Prevention for preventing the transmission of tuberculosis in facilities providing health care set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 3. Before initial employment, a person employed in a medical facility, a facility for the dependent or a home for individual residential care shall have a: (a) Physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and (b) Tuberculosis screening test within the preceding 12 months, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination.	H 050 ✓ 2/3 2/14/11	(1) Caregivers file was not @ home day of Surv. But was found + put there day after. (2) Adm. to move emp. + resd. files c on moving day. (3) 1-27-11	

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H 050	Continued From page 5 If the employee has only completed the first step of a 2-step Mantoux tuberculin skin test within the preceding 12 months, then the second step of the 2-step Mantoux tuberculin skin test or other single-step tuberculosis screening test must be administered. A single annual tuberculosis screening test must be administered thereafter, unless the medical director of the facility or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 4. An employee with a documented history of a positive tuberculosis screening test is exempt from screening with skin tests or chest radiographs unless he develops symptoms suggestive of tuberculosis. 5. A person who demonstrates a positive tuberculosis screening test administered pursuant to subsection 3 shall submit to a chest radiograph and medical evaluation for active tuberculosis. 6. Counseling and preventive treatment must be offered to a person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200. 7. A medical facility shall maintain surveillance of employees for the development of pulmonary symptoms. A person with a history of tuberculosis or a positive tuberculosis screening test shall report promptly to the infection control specialist, if any, or to the director or other person in charge of the medical facility if the medical facility has not designated an infection control specialist, when	H 050		

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H 050	Continued From page 6 any pulmonary symptoms develop. If symptoms of tuberculosis are present, the employee shall be evaluated for tuberculosis. (Added to NAC by Bd. of Health, eff. 1-24-92; A 3-28-96; R084-06, 7-14-2006) This Regulation is not met as evidenced by: Based on record review on 1/3/11, the facility failed to ensure that 1 of 2 employees complied with NAC 441A.375 regarding tuberculosis (TB) testing (Employee #2 - failed to have evidence of a two-step TB test).	H 050		
H 055	Tuberculosis-Residents NAC 441A.380 Admission of persons to certain medical facilities, facilities for the dependent or homes for individual residential care: Testing; respiratory isolation; medical treatment; counseling and preventive treatment; documentation. (NRS 441A.120) 1. Except as otherwise provided in this section, before admitting a person to a medical facility for extended care, skilled nursing or intermediate care, the staff of the facility shall ensure that a chest radiograph of the person has been taken within 30 days preceding admission to the facility. 2. Except as otherwise provided in this section, the staff of a facility for the dependent, a home for individual residential care or a medical facility for extended care, skilled nursing or intermediate care shall: (a) Before admitting a person to the facility or home, determine if the person: (1) Has had a cough for more than 3 weeks; (2) Has a cough which is productive;	H 055	2/14/11 ① TB test were filed in 2nd file. ② Adm. D/C files every 30days. ③ 1-27-11	

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H 055	Continued From page 7	H 055		

(3) Has blood in his sputum;
(4) Has a fever which is not associated with a cold, flu or other apparent illness;
(5) Is experiencing night sweats;
(6) Is experiencing unexplained weight loss; or
(7) Has been in close contact with a person who has active tuberculosis.
(b) Within 24 hours after a person, including a person with a history of bacillus Calmette-Guerin (BCG) vaccination, is admitted to the facility or home, ensure that the person has a tuberculosis screening test, unless there is not a person qualified to administer the test in the facility or home when the patient is admitted. If there is not a person qualified to administer the test in the facility or home when the person is admitted, the staff of the facility or home shall ensure that the test is performed within 24 hours after a qualified person arrives at the facility or home or within 5 days after the patient is admitted, whichever is sooner.
(c) If the person has only completed the first step of a two-step Mantoux tuberculin skin test within the 12 months preceding admission, ensure that the person has a second two-step Mantoux tuberculin skin test or other single-step tuberculosis screening test. After a person has had an initial tuberculosis screening test, the facility or home shall ensure that the person has a single tuberculosis screening test annually thereafter, unless the medical director or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.
3. A person with a documented history of a

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H 055	Continued From page 8	H 055		

positive tuberculosis screening test is exempt from skin testing and routine annual chest radiographs, but the staff of the facility or home shall ensure that the person is evaluated at least annually for the presence or absence of symptoms of tuberculosis.
4. If the staff of the facility or home determines that a person has had a cough for more than 3 weeks and that he has one or more of the other symptoms described in paragraph (a) of subsection 2, the person may be admitted to the facility or home if the staff keeps the person in respiratory isolation in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200 until a health care provider determines whether the person has active tuberculosis. If the staff is not able to keep the person in respiratory isolation, the staff shall not admit the person until a health care provider determines that the person does not have active tuberculosis.
5. If a test or evaluation indicates that a person has suspected or active tuberculosis, the staff of the facility or home shall not admit the person to the facility or home or, if he has already been admitted, shall not allow the person to remain in the facility or home, unless the facility or home keeps the person in respiratory isolation. The person must be kept in respiratory isolation until a health care provider determines that the person does not have active tuberculosis or certifies that, although the person has active tuberculosis, he is no longer infectious. A health care provider shall not certify that a person with active tuberculosis is not infectious unless the health care provider has obtained not less than three consecutive negative sputum AFIB smears which were collected on separate days.
6. If a test indicates that a person who has been

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H 055	Continued From page 9 or will be admitted to a facility or home has active tuberculosis, the staff of the facility or home shall ensure that the person is treated for the disease in accordance with the recommendations of the Centers for Disease Control and Prevention for the counseling of, and effective treatment for, a person having active tuberculosis. The recommendations are set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200. 7. The staff of the facility or home shall ensure that counseling and preventive treatment are offered to each person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 8. The staff of the facility or home shall ensure that any action carried out pursuant to this section and the results thereof are documented in the person ' s medical record. (Added to NAC by Bd. of Health, eff. 1-24-92; A 3-28-96; R084-06, 7-14-2006) This Regulation is not met as evidenced by: Based on record review on 1/3/11, the facility failed to ensure 2 of 3 residents complied with NAC 441A.380 regarding tuberculosis (TB) testing (Resident #2 and #3 - missing evidence of a two step-TB test).	H 055		
H 060	Ultimate User Agreement NRS 453.375 Authority to possess and	H 060		

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H 060	Continued From page 10 administer controlled substances. A controlled substance may be possessed and administered by the following persons: 6. An ultimate user or any person whom the ultimate user designates pursuant to a written agreement. NRS 454.213 Authority to possess and administer dangerous drug. [Effective through December 31, 2007.] A drug or medicine referred to in NRS 454.181 to 454.371, inclusive, may be possessed and administered by: 10. An ultimate user or any person designated by the ultimate user pursuant to a written agreement. This Regulation is not met as evidenced by: Based on record review on 1/3/11, the facility did not obtain an ultimate user agreement authorizing the facility to administer medications to 2 of 3 residents (Resident #2 and #3).	H 060 ✓ KB 2/24/11	1. File all AVG. in every client file. 2. Adm. to ✓ every 6 months 3. 2-4-2011	
H 065	Employee Background Check Requirements NRS 449.179 Initial and periodic investigations of criminal history of employee or independent contractor of certain agency, facility or home. 1. Except as otherwise provided in subsection 2, within 10 days after hiring an employee or entering into a contract with an independent	H 065 ✓ KB 3/28/11	1. Have all employee files @ Home 2. Train office people Adm. ✓ 3. 2-4-11	

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

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H 065	Continued From page 11 contractor, the administrator of, or the person licensed to operate, an agency to provide personal care services in the home, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing, a residential facility for groups or a home for individual residential care shall: (a) Obtain a written statement from the employee or independent contractor stating whether he or she has been convicted of any crime listed in NRS 449.188. (b) Obtain an oral and written confirmation of the information contained in the written statement obtained pursuant to paragraph (a); (c) Obtain from the employee or independent contractor two sets of fingerprints and a written authorization to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report; and (d) Submit to the Central Repository for Nevada Records of Criminal History the fingerprints obtained pursuant to paragraph (c). 2. The administrator of, or the person licensed to operate, an agency to provide personal care services in the home, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing, a residential facility for groups or a home for individual residential care is not required to obtain the information described in subsection 1 from an employee or independent contractor who provides proof that an investigation of his or her criminal history has been conducted by the Central Repository for Nevada Records of Criminal History within the immediately preceding 6 months and the investigation did not indicate that the employee or independent contractor had been convicted of any crime set forth in NRS 449.188.	H 065		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS2834HIC	A. BUILDING _____ B. WING _____	C 01/03/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AND YOUR HOME TOO 2	1590 1/2 PALOMINO DR HENDERSON, NV 89015

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 065	Continued From page 12 3. The administrator of, or the person licensed to operate, an agency to provide personal care services in the home, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing, a residential facility for groups or a home for individual residential care shall ensure that the criminal history of each employee or independent contractor who works at the agency or facility is investigated at least once every 5 years. The administrator or person shall: (a) If the agency, facility or home does not have the fingerprints of the employee or independent contractor on file, obtain two sets of fingerprints from the employee or independent contractor; (b) Obtain written authorization from the employee or independent contractor to forward the fingerprints on file or obtained pursuant to paragraph (a) to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report; and (c) Submit the fingerprints to the Central Repository for Nevada Records of Criminal History. 4. Upon receiving fingerprints submitted pursuant to this section, the Central Repository for Nevada Records of Criminal History shall determine whether the employee or independent contractor has been convicted of a crime listed in NRS 449.188 and immediately inform the Health Division and the administrator of, or the person licensed to operate, the agency, facility or home at which the person works whether the employee or independent contractor has been convicted of such a crime. 5. The Central Repository for Nevada Records of Criminal History may impose a fee upon an agency, a facility or a home that submits fingerprints pursuant to this section for the	H 065		

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H 065	Continued From page 13 reasonable cost of the investigation. The agency, facility or home may recover from the employee or independent contractor not more than one-half of the fee imposed by the Central Repository. If the agency, facility or home requires the employee or independent contractor to pay for any part of the fee imposed by the Central Repository, it shall allow the employee or independent contractor to pay the amount through periodic payments. This Regulation is not met as evidenced by: Based on record review on 1/3/11, the facility failed to ensure 1 of 2 employees complied with background check requirements per NRS 449.176 (Employee #2 -missing copies of fingerprints, missing FBI and State background check reports and missing a signed criminal history statement).	H 065		
H 999	Final Comments This Regulation is not met as evidenced by: NRS 449.0105 " Home for individual residential care " defined. " Home for individual residential care " means a home in which a natural person furnishes food, shelter, assistance and limited supervision, for compensation, to not more than two persons with mental retardation or with disabilities or who are aged or infirm, unless the persons receiving those services are related	H 999	The adm. had already found a home for Wady over censeles. It took 4 days to make the move. I also furnished BHCQC	3/28/11

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H 999	Continued From page 14 within the third degree of consanguinity or affinity to the person providing those services. Based on record review, observation and interview on 1/3/11, the facility admitted more residents than they were licensed to care for. Findings include: Resident #1: The resident was admitted to the facility on 1/2/11 from an unlicensed group home operated by the facility owner. The resident was observed sleeping in a hospital bed during the investigation. The following information was obtained during an interview with Employee #1. The power of attorney for the resident signed a contract dated 3/29/08 for $3500.00 per month for care and services. Employee #1 stated the resident now pays $3800.00 per month for care and services. Employee #1 stated the resident was completely dependent on the caregivers for bathing, dressing, oral care, transfer and ambulation. The resident was diagnosed with Parkinson's Disease and related dementia. Resident #1 had a decub on her buttock. Resident #1 was prescribed: -Ciprofloxacin 500 mg one tablet every day for 21 days, for an infection -Seroquel 25 mg one tablet twice a day, for depression -Asprin 81 mg one tablet by mouth every day -Zinc Sulfate 220 mg one tablet by mouth every day -Vitamin B 12 250 mg one tablet by mouth every day -Vitamin C 500 mg one tablet my mouth every day Resident #2: The resident was admitted to the facility 1/2/11 from an unlicensed group home operated by the facility owner. Resident #2 was	H 999	c discharge form + new home inf. The adm. will monitor all census and will insure only 2 res. per home @ all times.	

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H 999	Continued From page 14 within the third degree of consanguinity or affinity to the person providing those services. Based on record review, observation and interview on 1/3/11, the facility admitted more residents than they were licensed to care for. Findings include: Resident #1: The resident was admitted to the facility on 1/2/11 from an unlicensed group home operated by the facility owner. The resident was observed sleeping in a hospital bed during the investigation. The following information was obtained during an interview with Employee #1. The power of attorney for the resident signed a contract dated 3/29/08 for $3500.00 per month for care and services. Employee #1 stated the resident now pays $3800.00 per month for care and services. Employee #1 stated the resident was completely dependent on the caregivers for bathing, dressing, oral care, transfer and ambulation. The resident was diagnosed with Parkinson's Disease and related dementia. Resident #1 had a decub on her buttock. Resident #1 was prescribed: -Ciprofloxacin 500 mg one tablet every day for 21 days, for an infection -Seroquel 25 mg one tablet twice a day, for depression -Asprin 81 mg one tablet by mouth every day -Zinc Sulfate 220 mg one tablet by mouth every day -Vitamin B 12 250 mg one tablet by mouth every day -Vitamin C 500 mg one tablet my mouth every day Resident #2: The resident was admitted to the facility 1/2/11 from an unlicensed group home operated by the facility owner. Resident #2 was	H 999	1. Employee file found @ home. 2 Adm. to ✓ every 6 months 3. 2-4-11	

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H 999	Continued From page 15 observed laying in a bed in the bedroom during the investigation. An interview with Resident #2 was attempted, however she failed to answer any questions. The following information was obtained during an interview with Employee #1. Resident #2's husband paid $2,200.00 per month for care and services. Resident #2 was completely dependant on the caregivers for all of her activities of daily living including bathing, dressing, assistance with eating, oral care, transferring and ambulation. Resident #2 used incontinence pads for toileting. Resident #2 had a history of skin breakdown and had a decub on her buttock. Employee #1 was unable to provide a file containing medical information or a contract for Resident #2. Employee #1 stated Resident #2 did not take any prescription medications. Resident #3: The resident was admitted to the facility 1/2/11 from an unlicensed group home operated by the facility owner. The resident was observed laying in recliner in the family room during the investigation. An interview was attempted with Resident #3. Resident #3 was able to relate she moved to the home sometime recently. Resident #3 was able to answer simple yes and no questions but was unable to provide information regarding what medications she was taking, how much she paid to stay in the facility, or what kind of care was provided. The following information was obtained during an interview with Employee #1. The resident's daughter paid $2,000.00 per month for care and services. Resident #3 was diagnosed with dementia and required assistance with bathing, dressing, oral care, transfer and ambulation. Employee #1 was unable to provide a file containing medical information or a contract for Resident #3. Resident #3 wore incontinent pads. Resident #3 was prescribed:	H 999		

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H 999	Continued From page 16 -Alendronate Sodium 70 mg one table each week, for osteoporosis -Multivitamin -Pantoprazole Sodium 40 mg one tablet every day, for gastroesophageal reflux -Donepezil HCL 10 mg one tablet every day, for dementia -Mirtazepine 7.5 mg one tablet every evening, for depression -Amlodipine Besylate 5 mg one tablet every day, for high blood pressure Employee #1 stated she was not using good judgement when she moved Resident #1, #2 and #3 into her unlicensed home, and then moved them all into her licensed facility causing her to be over-census. Based on observation and interview on 1/3/11, the facility was overcensus by one resident.	H 999		